

CHAPTER 137  
TRAUMA EDUCATION AND TRAINING

**641—137.1(147A) Definitions.** For the purpose of these rules, the following definitions shall apply:

*“ACLS course”* means advanced cardiac life support course.

*“Advanced registered nurse practitioner (ARNP)”* means a nurse pursuant to 655—7.1(152) with current licensure as a registered nurse in Iowa who is registered in Iowa to practice in an advanced role. The ARNP is prepared for an advanced role by virtue of additional knowledge and skills gained through a formal advanced practice education program of nursing in a specialty area approved by the board. In the advanced role, the nurse practices nursing assessment, intervention, and management within the boundaries of the nurse-client relationship. Advanced nursing practice occurs in a variety of settings within an interdisciplinary health care team, which provide for consultation, collaborative management, or referral. The ARNP may perform selected medically delegated functions when a collaborative practice agreement exists.

*“Advanced trauma life support course”* means a course for physicians with an emphasis on the first hour of initial assessment and primary management of the injured patient, starting at the point in time of injury continuing through initial assessment, life-saving intervention, reevaluation, stabilization, and transfer when appropriate.

*“ARNP”* means advanced registered nurse practitioner.

*“ATLS”* means advanced trauma life support.

*“Department”* means the Iowa department of public health.

*“Director”* means the director of the Iowa department of public health.

*“Emergency care facility”* means a physician’s office, clinic, or other health care center which provides emergency medical care in conjunction with other primary care services.

*“Emergency medical care provider”* means an individual trained to provide emergency and non-emergency medical care at the first responder, EMT-basic, EMT-intermediate, EMT-paramedic level or other certification levels adopted by rule by the department who has been issued a certificate by the department.

*“EMS”* means emergency medical services.

*“EMT”* means emergency medical technician.

*“EMT-A”* means emergency medical technician ambulance.

*“EMT-B”* means emergency medical technician basic.

*“EMT-D”* means emergency medical technician defibrillation.

*“EMT-I”* means emergency medical technician intermediate.

*“EMT-P”* means emergency medical technician paramedic.

*“FR”* means first responder.

*“FR-D”* means first responder defibrillation.

*“Hospital”* means a facility licensed under Iowa Code chapter 135B, or comparable emergency care facility located and licensed in another state.

*“Licensed practical nurse”* means an individual licensed pursuant to Iowa Code chapter 152.

*“LPN”* means licensed practical nurse.

*“NRP course”* means neonatal resuscitation provider course.

*“PA”* means physician assistant.

*“PALS course”* means pediatric advanced life support course.

*“Physician”* means an individual licensed under Iowa Code chapter 148, 150 or 150A.

*“Physician assistant”* means an individual licensed pursuant to Iowa Code chapter 148C.

*“Practitioner”* means a person who practices medicine or one of the associated health care professions.

*“Registered nurse”* means an individual licensed pursuant to Iowa Code chapter 152.

“*RN*” means registered nurse.

“*SEQIC*” means system evaluation quality improvement committee.

“*Service program*” means any 24-hour emergency medical care ambulance service or nontransport service program that has received authorization by the department.

“*System evaluation quality improvement committee*” means the committee established by the department pursuant to Iowa Code section 147A.25 to develop, implement, and conduct trauma care system evaluation, quality assessment, and quality improvement.

“*Trauma*” means a single or multisystem life-threatening or limb-threatening injury, or an injury requiring immediate medical or surgical intervention or treatment to prevent death or disability.

“*Trauma care facility*” means a hospital or emergency care facility which provides trauma care and has been verified by the department as having Level I, II, III, or IV care capabilities and has been issued a certificate of verification pursuant to Iowa Code section 147A.23, subsection 2, paragraph “c.”

“*Trauma care system*” means an organized approach to providing personnel, facilities, and equipment for effective and coordinated trauma care.

“*Trauma nursing course objectives*” means the trauma nursing course objectives recommended to the department by the trauma system advisory council and adopted by reference in these rules.

“*Trauma patient*” means a victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical or chemical energy, or by the absence of heat or oxygen (ICD9 Codes E800.0 - E999.9).

“*Trauma system advisory council*” means the council established by the department pursuant to Iowa Code section 147A.24 to advise the department on issues and strategies to achieve optimal trauma care delivery throughout the state, to assist the department in the implementation of an Iowa trauma care plan, to develop criteria for the categorization of all hospitals and emergency care facilities according to their trauma care capabilities, to develop a process for verification of the trauma care capacity of each facility and the issuance of a certificate of verification, to develop standards for medical direction, trauma care, triage and transfer protocols, and trauma registries, to promote public information and education activities for injury prevention, and to review rules adopted under this division, and to make recommendations to the director for changes to further promote optimal trauma care.

“*Trauma team*” means a team of multidisciplinary health care providers established and defined by a hospital or emergency care facility that provides trauma care commensurate with the level of trauma care facility verification.

“*TSAC*” means trauma system advisory council.

“*Verification*” means a process by which the department certifies a hospital or emergency care facility’s capacity to provide trauma care in accordance with criteria established for Level I, II, III, and IV trauma care facilities and these rules.

**641—137.2(147A) Initial trauma education for Iowa’s trauma system.** Initial trauma education (Table 1) is required of physicians, physician assistants, advanced registered nurse practitioners, registered nurses, and licensed practical nurses who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient.

Table 1

Practitioner	Resource (Level I) TCF	Regional (Level II) TCF	Area (Level III) TCF	Community (Level IV) TCF
Physician PA/ARNP	1. ATLS 2. Trauma System Overview	1. ATLS 2. Trauma System Overview	1. ATLS 2. Trauma System Overview	1. ATLS 2. Trauma System Overview
RN/LPN	1. Successful completion of trauma nursing course objectives recommended by TSAC 2. Trauma System Overview	1. Successful completion of trauma nursing course objectives recommended by TSAC 2. Trauma System Overview	1. Successful completion of trauma nursing course objectives recommended by TSAC 2. Trauma System Overview	1. Successful completion of trauma nursing course objectives recommended by TSAC 2. Trauma System Overview

**137.2(1)** General requirements for initial trauma education.

a. Completion of initial trauma education shall be done within three years of the trauma care facility’s initial verification or within one year of the practitioner’s joining the trauma care facility’s trauma team.

b. Trauma nursing course objectives (1998) are incorporated and adopted by reference for all trauma care facilities. For any differences which may occur between the adopted references and these administrative rules, the administrative rules shall prevail.

c. Trauma nursing course objectives are available from the Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**137.2(2)** Initial trauma education (Table 2) is required prior to January 1, 2001, of emergency medical care providers involved in the initial resuscitation of the injured patient while participating on an authorized transporting service program.

Table 2

Emergency Medical Care Provider	Initial Trauma Education
FR or FR-D EMT-A, B, or D EMT-I EMT-P	1. Overview of Iowa’s trauma system. 2. Glasgow coma scale. 3. Out-of-hospital trauma triage destination decision protocol.

**641—137.3(147A) Continuing trauma education for Iowa’s trauma system.** Continuing trauma education (Table 3) is required every four years of physicians, physician assistants, advanced registered nurse practitioners, registered nurses, and licensed practical nurses who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient.

Table 3

Practitioner	Resource (Level I) TCF	Regional (Level II) TCF	Area (Level III) TCF	Community (Level IV) TCF
Physician PA/ARNP	24 hours of continuing trauma education: 8 hours formal (recommend ATLS refresher course), 16 hours informal.	24 hours of continuing trauma education: 8 hours formal (recommend ATLS refresher course), 16 hours informal.	24 hours of continuing trauma education: 8 hours formal (ATLS refresher course required), 16 hours informal.	24 hours of continuing trauma education: 8 hours formal (ATLS refresher course required), 16 hours informal.
RN/LPN	16 hours of continuing trauma education: 4 hours formal (refresher course in trauma nursing course objectives recommended by TSAC is required), 12 hours informal.	16 hours of continuing trauma education: 4 hours formal (refresher course in trauma nursing course objectives recommended by TSAC is required), 12 hours informal.	16 hours of continuing trauma education: 4 hours formal (refresher course in trauma nursing course objectives recommended by TSAC is required), 12 hours informal.	16 hours of continuing trauma education: 4 hours formal (refresher course in trauma nursing course objectives recommended by TSAC is required), 12 hours informal.

**137.3(1)** Topics for all or part of the continuing trauma education hours may be recommended to the department by SEQIC or TSAC based on trauma care system outcomes.

**137.3(2)** General requirements for continuing trauma education.

*a.* Three-fourths of the required continuing trauma education hours may be informal, determined and approved by a trauma care facility from any of the following:

1. Multidisciplinary trauma case reviews;
  2. Multidisciplinary trauma conferences;
  3. Multidisciplinary trauma mortality and morbidity reviews;
  4. Multidisciplinary trauma committee meetings;
  5. Trauma peer review meetings;
  6. Any trauma care facility committee meeting with a focus on trauma care evaluation; and
  7. Critical care education such as ACLS course, PALS course, NRP course, or equipment inser-
- vices.

*b.* One-fourth of the required continuing trauma education hours shall be obtained through any formalized continuing education programs.

**137.3(3)** Continuing trauma education (Table 4) is required every two years of currently certified emergency medical care providers involved in the initial resuscitation of the injured patient while participating on an authorized transporting service program.

Table 4

Emergency Medical Care Provider	Continuing Education Hours Per Certification Period
FR or FR-D	2 hours
EMT-A,B,D	4 hours
EMT-I	6 hours
EMT-P	8 hours

**641—137.4(147A) Offenses and penalties.**

**137.4(1)** The department may deny verification as a trauma care facility or deny authorization as a service program, may give a citation and warning, or may place on probation, suspend, or revoke existing trauma care facility verification or service program authorization if the department finds reason to believe that the facility or service program has not been or will not be operated in compliance with Iowa Code sections 147A.27 and these administrative rules. The denial, citation and warning, period of probation, suspension, or revocation shall be effected and may be appealed in accordance with the requirements of Iowa Code section 17A.12.

**137.4(2)** All complaints regarding the operation of a trauma care facility or service program, or those purporting to be or operating as the same, shall be reported to the department. The address is Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**137.4(3)** Complaints and the investigative process shall be treated as confidential to the extent they are protected by Iowa Code section 22.7.

**137.4(4)** Complaint investigations may result in the department's issuance of a notice of denial, citation and warning, probation, suspension or revocation.

**137.4(5)** Notice of denial, citation and warning, probation, suspension or revocation shall be effected in accordance with the requirements of Iowa Code section 17A.12. Notice to the alleged violator of denial, citation and warning, probation, suspension, or revocation shall be served by certified mail, return receipt requested, or by personal service.

**137.4(6)** Any request for a hearing concerning the denial, citation and warning, probation, suspension or revocation shall be submitted by the aggrieved party in writing to the department by certified mail, return receipt requested, within 20 days of the receipt of the department's notice to take action. The address is Iowa Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075. If the request is made within the 20-day time period, the notice to take action shall be deemed to be suspended pending the hearing. Prior to or at the hearing, the department may rescind the notice upon satisfaction that the reason for the denial, citation and warning, probation, suspension or revocation has been or will be removed. If no request for a hearing is received within the 20-day time period, the department's notice of denial, citation and warning, probation, suspension or revocation shall become the department's final agency action.

**137.4(7)** A request for a hearing shall be forwarded within five working days of receipt of the request to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The information upon which the adverse action is based and any additional information which may be provided by the aggrieved party shall also be provided to the department of inspections and appeals.

**137.4(8)** The hearing shall be conducted according to the procedural rules of the department of inspections and appeals found in 481—Chapter 10, Iowa Administrative Code.

**137.4(9)** When the administrative law judge makes a proposed decision and order, it shall be served by certified mail, return receipt requested, or delivered by personal service. That proposed decision and order then becomes the department's final agency action without further proceedings ten days after it is received by the aggrieved party unless an appeal to the director is taken.

**137.4(10)** Any appeal to the director for review of the proposed decision and order of the administrative law judge shall be filed in writing and mailed to the director by certified mail, return receipt requested, or delivered by personal service within ten days after the receipt of the administrative law judge's proposed decision and order by the aggrieved party. A copy of the appeal shall also be mailed to the administrative law judge. Any request for an appeal shall state the reason for appeal.

**137.4(11)** Upon receipt of an appeal request, the administrative law judge shall prepare the record of the hearing for submission to the director. The record shall include the following:

- a. All pleadings, motions, and rules.
- b. All evidence received or considered and all other submissions by recording or transcript.
- c. A statement of all matters officially noticed.
- d. All questions and offers of proof, objections and rulings on them.
- e. All proposed findings and exceptions.
- f. The proposed decision and order of the administrative law judge.

**137.4(12)** The decision and order of the director becomes the department's final agency action upon receipt by the aggrieved party and shall be delivered by certified mail, return receipt requested, or personal service.

**137.4(13)** It is not necessary to file an application for a rehearing to exhaust administrative remedies when appealing to the director or the district court as provided in Iowa Code section 17A.19. The aggrieved party to the final agency action of the department who has exhausted all administrative remedies may petition for judicial review of that action pursuant to Iowa Code chapter 17A.

**137.4(14)** Any petition for judicial review of a decision and order shall be filed in the district court within 30 days after the decision and order becomes final. A copy of the notice of appeal shall be sent to the department by certified mail, return receipt requested, or by personal service. The address is Department of Public Health, Bureau of Emergency Medical Services, Lucas State Office Building, Des Moines, Iowa 50319-0075.

**137.4(15)** The party who appeals a final agency action to the district court shall pay the cost of the preparation of a transcript of the contested case hearing for the district court.

**137.4(16)** Final decisions of the department relating to disciplinary proceedings may be transmitted to the appropriate professional associations, news media or employer.

These rules are intended to implement Iowa Code chapter 147A.

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